FORM D



UNITED STATES
SECURITIES AND EXCHANGE COMMS
Washington, D.C. 20549

FORM D

MAY 2 3 2007

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D₂₁₀
SECTION 4(6), AND/OR

UNIFORM LIMITED OFFERING EXEMPTION

	OMB AF	PROVAL
	OMB Number:	3235-0076
	Expires: A	pril 30, 2008
	Estimated avera	ige burden
/	hours per respo	nse 16.00
/		
	SEC US	E ONLY
		E ONLY Serial
	SEC US Prefix	SE ONLY Serial
•	Prefix	Serial
	Prefix	

Name of Offering (check if this is	an amendment and name has changed, and indica	ite change.)	
Limited Partnership Interest in M Plu	is Capital Partners LP		
Filing Under (Check box(es) that apply	r): 🗌 Rule 504 🔲 Rule 505 🔯 Rule 506 🗀	Section 4(6) ULOE	
Type of Filing: New Filing A	mendment	· · ·	
	A. BASIC IDENTIFICATION I	DATA	
1. Enter the information requested about	it the issuer		<u></u>
Name of Issuer (check if this is an	amendment and name has changed, and indicate	change.)	
M Plus Capital Partners LP	5 ,		
Address of Executive Offices	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area C	Code)
1250 4th Street, Suite 250, Santa Mon	ica, CA 90401	(310) 570-4790	
Address of Principal Business Operation	ons (Number and Street, City, State, Zip Code)	Telephone Number (Including Area C	Code)
(if different from Executive Offices) San	me	Same	
Brief Description of Business			
Limited partnership organized to create	a diversified portfolio of equity or equity-related	l investments.	PROCESSED
Type of Business Organization			JUN 0 6 2007
corporation	☐ limited partnership, already formed	other (please specify):	0011 0 2001
☐ business trust	limited partnership, to be formed		-FHOMSON-
	Month Year		FINANCIAL
Actual or Estimated Date of Incorporat		🛮 Actual 🗌 Estimated 🗼	7. MAYRACIME
Jurisdiction of Incorporation or Organi	zation: (Enter two-letter U.S. Postal Service abbre	eviation for State:	
	CN for Canada; FN for other foreign juri	sdiction) DE	

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA 2. Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. □ Promoter Beneficial Owner Check Box(es) that Apply: □ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Cary S. Fitchey Business or Residence Address (Number and Street, City, State, Zip Code) 1250 4th Street, Suite 250, Santa Monica, CA 90401 Check Box(es) that Apply: Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director General and/or Managing Partner Full Name (Last name first, if individual) MPCP, LLC Business or Residence Address (Number and Street, City, State, Zip Code) 1250 4th Street, Suite 250, Santa Monica, CA 90401 Check Box(es) that Apply: Promoter ■ Beneficial Owner □ Executive Officer ☐ Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter ☐ Executive Officer ☐ Beneficial Owner Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter ☐ Beneficial Owner Executive Officer ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual)

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

☐ Beneficial Owner

Business or Residence Address (Number and Street, City, State, Zip Code)

Business or Residence Address (Number and Street, City, State, Zip Code)

☐ Promoter

Check Box(es) that Apply:

Full Name (Last name first, if individual)

Executive Officer

☐ Director

☐ General and/or

Managing Partner

		-	-	В. П	NFORMAT	TON ABO	UT OFFEI	RING		·		
1. Has the	issuer sold	, or does the									Yes	No 🛛
2 What is	the minim	ım investm					_				\$1.00	
2. Wilat 13	the minim	IIII IIIVCSUII	CIR that Will	oc accepa	A Hom any	iiiu)viduai:		****************		****************		No
3. Does th	e offering p	ermit joint	ownership (of a single	unit?		•••••			************		
a person states, l	ssion or sim n to be liste list the nam	ilar remune d is an asso e of the bro	ration for so ociated perso oker or deal	olicitation of on or agent er. If more	of purchaser of a broker than five (s in connector dealer rate (5) persons	tion with sa egistered w to be listed	les of secur	ities in the and/or wit	offering, It h a state o	? T	
Business o	r Residence	Address (N	Number and	Street, City	y, State, Zip	Code)					· -··-·-	
Name of A	ssociated B	roker or De	ealer				_					
States in W	/hich Person	n Listed Ha	s Solicited o	or Intends t	o Solicit Pu	rchasers						
(Check "A	All States" o	or check ind	lividual Sta	tes)	*****							All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[M\$]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name	(Last name	first, if ind	ividual)									
Business o	r Residence	Address (N	Number and	Street, City	y, State, Zip	Code)						
Name of A	ssociated B	roker or De	ealer		•							
States in W	hich Perso	n Listed Ha	s Solicited (or Intends t	o Solicit Pu	rchasers	<u>. </u>					
												☐ All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name	(Last name	first, if ind	ividual)									
Business o	the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?											
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? S S												
Name of A	ssociated B	roker or De	ealer		_							
							************			***********		All States
				-								
[MT]	· ·											
[R1]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\square\$ and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.	Aggregate	Amount Already
	Type of Security	Offering Price	Sold
	Debt	<u>\$0.00</u>	<u>\$0.00</u>
	Equity	<u>\$0.00</u>	<u>\$0.00</u>
	Convertible Securities (including warrants)	\$0.00	<u>\$0.00</u>
	Partnership Interests	\$65,000,000.00	\$43,605,000.0 <u>0</u>
	Other (Limited P)	\$0.00	\$0.00
	Total	\$65,000,000.00	\$43,605,000.00
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
		Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	<u>17</u>	\$43,605,000.00
	Non-accredited Investors	<u>o</u>	<u>\$0.00</u>
	Total (for filings under Rule 504 only)	_	_
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		
	Type of offering	Type of Security	Dollar Amount Sold
	Rule 505	_	
	Regulation A	_	<u> </u>
	Rule 504		
	Total	_	
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		□ <u>\$0.00</u>
	Printing and Engraving Costs		3 \$15,000.00
	Legal Fees		\$300,000.00
	Accounting Fees		\$0.00
	Engineering Fees	E	\$0.00
	Sales Commissions (specify finders' fees separately)		\$0.00
	Other Expenses (identify)	[<u> </u>
	Total	<u> </u>	

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

*includes expenses of M Plus Strategic Partners LP

	ı					
_	C. OFFERING PRIC	E, NUMBER OF INVESTORS, EXPENSES AN	Dι	SE OF PROCEEDS		
	b. Enter the difference between the aggregate and total expenses furnished in response to Part proceeds to the issuer."	\$64,685,000.00				
	the purposes shown. If the amount for any purpose	occeds to the issuer used or proposed to be used for earlis not known, furnish an estimate and check the boxed must equal the adjusted gross proceeds to the issued	to th	e		
	Quodon no mo			Payments to		
				Officers,		D
				Directors, & Affiliates		Payments to Others
	Salaries and fees			<u>\$0.00</u>		<u>\$0.00</u>
	Purchase of real estate			<u>\$0.00</u>		<u>\$0.00</u>
	Purchase, rental or leasing and installation of	machinery and equipment		\$0.00		<u>\$0.00</u>
	Construction or leasing of plant buildings and	d facilities		<u>\$0.00</u>		<u>\$0.00</u>
	Acquisition of other business (including the					
	offering that may be used in exchange for the		_			
				<u>\$0.00</u>	Ø	<u>\$64,685,000.00</u>
	Repayment of indebtedness			<u>\$0.00</u>		<u>\$0.00</u>
	• •			<u>\$0.00</u>		\$0.00
	Other (specify):					
				<u>\$0.00</u>		<u>\$0.00</u>
	Column Totals			\$0.00		\$64,685,000.00
	Total Payments Listed (column totals added)			⊠ \$64.68	85,00	0.00
		D. FEDERAL SIGNATURE				
g	gnature constitutes an undertaking by the issuer to	by the undersigned duly authorized person. If this furnish to the U.S. Securities and Bachange Comdition direction of Rule	miss	sion, upon written req	505, to	he following its staff, the
s	suer (Print or Type)	Signature		Date		
1	Plus Capital Partners, LP	40		5/a	Ho	7
a	ame of Signer (Print or Type)	Title of Signer (Print or Type)				
à	ary S. Fitchey	Senior Managing Member				

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

		E. STATE SIGNATURE
1.	Is any party described in 17 CFR 230.2	262 presently subject to any of the disqualification provisions of such rule?
		See Appendix, Column 5, for state response.
2.	The undersigned issuer hereby underta (17 CFR 239.500) at such times as requ	akes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D uired by state law.
3.	The undersigned issuer hereby underta offerees.	akes to furnish to the state administrators, upon written request, information furnished by the issuer to
4.	Offering Exemption (ULOE) of the	the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited state in which this notice is filed and understands that the issuer claiming the availability of this ng that these conditions have been satisfied.
	suer has read this notification and know uthorized person.	s the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned
Issuer (Print or Type)		Signature Date
M Plu	s Capital Partners, LP	C/// \ S/ai/o7
Name	(Print or Type)	Title (Print or Type)
Cary	S. Fitchey	Senior Managing Member

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

1	Intend to r accre	on- dited	3 Type of security and aggregate offering	-	4 Type of inv	estor and		Disquali under Sta (if yes,	ification te ULOE attach	
	St	tors in ate Item I)	price offered in state (Part C-Item 1)		amount purchased in State (Part C-Item 2)				explanation of waiver granted) (Part E-Item 1)	
State	Yes	No	Limited Partnership Interests	Number of Accredited Investors	redited Accredited				No	
AL	165	110	· · · · · · · · · · · · · · · · · · ·	THVESTOIS	Amount	Investors _	Amount	Yes	110	
AK	 						· · · · · ·			
AZ										
AR										
CA		Х	Limited PartnershipInterests	6	\$9,983,350.00	0	\$0.00			
со					-					
CT		X	Limited PartnershipInterests	4	\$22,521,650.00	0	\$0.00			
DE									<u></u>	
DC										
FL		х	Limited Partnership Interests	2	\$2,000,000.00	0	\$0.00			
GA										
н					· -					
ID	ļ. <u>.</u>									
IL										
IN		X	Limited Partnership Interests	1	\$1,000,000.00	0	\$0.00			
IA										
KS	<u> </u>									
KY							<u> </u>	 		
LA										
ME			Timber Desert							
MD		X	Limited Partnership Interests	1	\$1,000,000.00	0	\$0.00			
MA	ļ		Limited Dants - Lt							
MI		X	Limited Partnership Interests	1	\$1,000,000.00	0	\$0.00			
MN	<u> </u>									
MS	-									
МО									<u> </u>	

APPENDIX

1	•	2	3		4			5	 ;
•	Intend to sell				1				
	to r	ion- edited	Type of security and	Type of investor and					State (if yes,
		tors in ate	aggregate offering price offered in state		amount purch			attach exp of waiver	planation granted)
		Item 1)	(Part C-Item 1)		(Part C-	Item 2)		(Part E-Item 1)	
			Limited Partnership Interests	Number of		Number of Non-			
			interests	Accredited		Accredited			
State	Yes	No		Investors	Amount	Investors	Amount	Yes	No
MT									<u> </u>
NE									
NV									
NH									
NJ									
NM									
NY									
NC									
ND									
ОН									
OK									
OR									
PA									
RI									
SC									
SD									
TN									
TX								_	
UT									
VT									
VA									
WA		х	Limited Partnership Interests	1	\$1,000,000.00	0	\$0.00		
wv									
WI									
WY									
PR									

^{*1} Foreign Investor for a total aggregate investment of \$5,000,000.00